CHILD WELFARE AGENCY PUBLIC DISCLOSURE FORM

Ager Ager Date	ncy Address: P.	Tashoe County Department of Social Services O. Box 11130, Reno, NV 89520 Ition to the Division of Child and Family Services and Legislative	
Inte	rnal reference UNI	TY ID or Report Number: Case #1319381	
Type	e of Report:	☑ 48 Hour Notice ☐ 15 Day Update ☐ 30 Day Update ☐ Final	
• •	-	Date of Death: 11/7/15	
	Near Fatality	Date of Near Fatality:	
Portions of information on this form have been withheld at the request of law enforcement.			
		(Name of agency)	
Information for Release:			
A.	. Date of the notification to the child welfare agency of the death of a child:		
	11/7/15		
В.	Location of child at the time of death or near fatality (city/county):		
	Reno/Washoe		
C.	A summary of the report of abuse or neglect and a factual description of the contents of the report:		
		On 11/7/15 the child was found unresponsive and with a shirt tied around his neck.	
	The caregiver call pronounced decea	ed 911 and the child was taken to a local hospital where he was used.	
D.	The date of birth and gender of child:		
	2/23/04; male		
E.	The date that the child suffered the fatality or near fatality:		
.	11/7/15		
F.	The cause of the fatality or near fatality, if such information has been determined: Pending		

- G. Whether the agency had any contact with the child or a member of the child's family or household before the fatality or near fatality and, if so: (1) The frequency of any contact or communication with the child or a member of the child's family or household before the fatality or near fatality and the date on which the last contact or communication occurred before the fatality or near fatality;
 - (2) Whether the agency which provides child welfare services provided any child welfare services to the child or to a member of the child's family or household before or at the time of the fatality or near fatality;
 - (3) Whether the agency which provides child welfare services made any referrals for child welfare services for the child or for a member of the child's family or household before or at the time of the fatality or near fatality;
 - (4) Whether the agency which provides child welfare services took any other actions concerning the welfare of the child before or at the time of the fatality or near fatality; and
 - (5) A summary of the status of the child's case at the time of the fatality or near fatality, including, without limitation, whether the child's case was closed by the agency which provides child welfare services before the fatality or near fatality and, if so, the reasons that the case was closed.

12/14/12 Report of child with poor hygiene, skinny, and pale. Report coded as information only. Family referred to the family resource center for services.

1/5/08 Report alleges that the older children grab the younger child's penis and put their fingers in his butt. The report goes on to allege that the older siblings tried to burn him with a lighter and that they hit the sister. Allegations were unsubstantiated.

10/11/07 Report alleges that an older sibling wrote in her journal that her stepfather had been physically abuse to her and her mother. She also noted that her stepfather had sexually abused her two older brothers. She then alluded that her brothers are following in her step father's footsteps. Report was assigned as a service case.

12/20/06 Report states that SARB is citing child for truancy and parents are not enforcing the school issues. This report was coded as Information Only.

11/16/06 Report alleges that the older child is routinely left home alone from 3am until 6am. The younger sibling goes to a relatives so is supervised. The babysitter was contacted and reported she watches both children. The report was coded as information only.

2/1/06 Report alleges that the family recently relocated to Reno and that the older two brothers sexually abused a sister. Concern for the youngest sibling as he resides with all of the siblings. Report coded as Information Only.

H. Whether the agency which provides child welfare services, in response to the fatality or near fatality: (1) Has provided or intends to provide child welfare services to the child or to a member of the child's family or household; and (2) Has made or intends to make a referral for child welfare services for the child or for a member of the child's family or household; and (3) Has taken or intends to take any other action concerning the welfare and safety of the child or any member of the child's family or household.

WCDSS is assessing this family jointly with local law enforcement. Grief/loss and any other warranted referrals will be made to the family.

NON-DISCLOSURE NOTICE

The following information must not be released (see Policy on Public Disclosure of Child Fatality and Near Fatality Information, page 4): 1) Information regarding the sibling(s) of a deceased child; 2) the name of the reporting party or individual making an allegation or referral will not be released; 3) if the disclosure of the information would adversely affect any pending investigation concerning a report (NRS 432B.290(3); 4) if the disclosure violates other federal or state law, including, but not limited to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Family Educational

and Privacy Act of 1974 (FERPA), alcohol and drug abuse patient records (42 USC \$290dd-2 and 42 CFR \$212 (c)(6)), and any other applicable law.